

1998

Page 1

USE BLACK INK ONLY

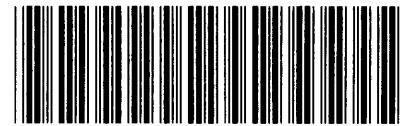
Fiscal Year

Beginning:

/ /

Ending:

/ /
Mo. Day Yr.



0198010111

DEPARTMENT USE ONLY

DEPARTMENT USE ONLY
Del ☐ Ext ☐

YOUR SOCIAL SECURITY NUMBER

- -

SPOUSE'S SOCIAL SECURITY NUMBER

- -

CHECK IF
FOREIGN ADDRESS

YOUR FIRST NAME INITIAL
YOUR LAST NAME SUFFIX
SPOUSE'S FIRST NAME INITIAL
SPOUSE'S LAST NAME SUFFIX

2. ADDRESS LINE 1

ADDRESS LINE 2 OR APARTMENT NUMBER

3. CITY

STATE

ZIP CODE

COUNTRY IF FOREIGN

4. Use one number only and enter in the Residency Code box. PART YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 8 THROUGH 14 OF STEPS 3 AND 4 AND USE SCHEDULE 3 OF FORM 500, PAGE 4.

RESIDENCY
CODE NUMBER

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM TO 3. NONRESIDENT

5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Return.)

FILING
STATUS

A. SINGLE C. MARRIED FILING SEPARATE, SPOUSE'S SOCIAL SECURITY NO. MUST BE ENTERED ABOVE
B. MARRIED FILING JOINT D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER)

6. Number of Exemptions from Federal Form 1040 or 1040A

Dependents:

First name	Last name	Dependent's social security number	Dependent's relationship to you	No. of months lived in your home in 1998

If the amount on line 8 is \$40,000 or more, or your adjusted gross income is less than your W-2s, you are required to attach a copy of your Federal 1040 pages 1 and 2. Do not attach other Federal Schedules.

8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ) Do not use Federal Taxable Income.

9. Adjustments from Schedule 1. (See instructions on page 7, Line 9)

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)

11. STANDARD Deduction (SEE INSTRUCTIONS-Line 11) Do not use Federal Standard Deduction.

b. Are YOU 65 or over ☐ blind ☐ SPOUSE 65 or over ☐ blind ☐ x 1,300=

c. TOTAL STANDARD deduction (Line 11a + Line 11b)

12. TOTAL ITEMIZED deductions used in computing federal taxable income

Schedule A- Less: See Line 12 instructions Page 8

13. Subtract either Line 11c or Line 12 from Line 10; enter balance

14. Number from block on Line 6 multiplied by \$2,700

15. Georgia taxable income (Line 13 less Line 14 or Line 14, Schedule 3)

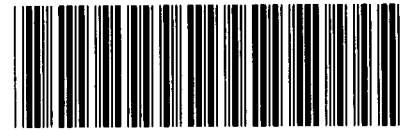
Use EITHER
Line 11c or Line 12
(DO NOT WRITE ON BOTH)

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ATTACH GEORGIA COPY OF WITHHOLDING STATEMENT(S) HERE
ALSO, IF TAX IS DUE, ATTACH CHECK ON TOP OF W-2 FORM(S)

IF YOU USE STANDARD DEDUCTION ON YOUR
FEDERAL RETURN YOU MUST USE STANDARD
DEDUCTION ON YOUR GEORGIA RETURN

ELECTRONIC FILING
MAY SPEED YOUR
REFUND BY 8 WEEKS



0198010131

 Name: _____ Social Security Number: - -
SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (see page 7 of instructions)**ADDITIONS TO INCOME**

1. Interest on Non-Georgia Municipal and State Bonds \$, , .
2. Lump Sum Distributions \$, , .
3. Other (specify) \$, , .
4. Total Additions (enter sum of lines 1-3 here) \$, , .

SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion

(See Retirement income exclusion worksheet page 13.) Type of Disability:

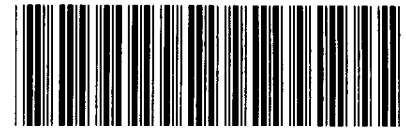
 A. Self: Date of Birth / / Date of Disability: / / \$, .

 B. Spouse: Date of Birth / / Type of Disability: / / Date of Disability: / / \$, .

6. Social Security Benefits (Taxable Portion) \$, .
7. Railroad Retirement Benefits (Taxable Portion) \$, .
8. Interest on United States Obligations \$, , .
(See page 7 of instructions.)
9. Other (specify) \$, , .
10. Total Subtractions (enter sum on Lines 5-9 here). \$, , .
11. Net Adjustments (Line 4 less Line 10, enter net total here and on Line 9 of Page 1) (+ or -). \$, , .

SCHEDULE 2 CREDITS FOR LINE 17 PAGE 2

1. Other State Credit (see worksheet, page 11) \$, .
2. Rural Physicians Credit \$, .
3. Low Emission Vehicle Credit \$, .
- Pass Through Credits from Ownership of S Corporation or Partnership Interest:**
4. Employer's Credit for Basic Skills Education \$, .
5. Employer's Credit for Approved Employee Retraining \$, .
6. Employer's New Jobs Credit \$, .
7. Employer's Credit for Providing or Sponsoring Childcare for Employees \$, .
8. Investment Tax Credit \$, .
9. Optional Investment Tax Credit \$, .
10. Enter the Total of Lines 1 through 9 here and on Line 17 page 2 \$, , .



0198010141

Social Security Number: - -
SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS
 Income earned in another state as a Georgia resident is taxable. See other state credit, page 8, line 17, and page 11.

DO NOT USE LINES 8 THROUGH 14-PAGE 1, FORM 500

	Federal Income as shown on Return COLUMN A	Income Not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, Etc.....	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
2. Interest and Dividends.....	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
3. Business Income or (loss)	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
4. Other Income or (loss)	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
5. Total Income: Total Lines 1 through 4	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
Adjustments to Income:			
6. Total from Federal Form 1040	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
7. Total from Form 500 Schedule 1 page 3 (see instructions Line 9, page 7)	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/>
9. RATIO: Divide Line 8, Column C by Line 8 Column A. Enter percentage.....		<input type="text"/> %	Not to exceed 100%
10. Itemized or Standard Deduction (see instructions for Line 10, page 12)		<input type="text"/> , <input type="text"/> , <input type="text"/>	
11. Personal Exemption from form 500 page 1, line 6, multiplied by \$2700		<input type="text"/> , <input type="text"/> , <input type="text"/>	
12. Total Deductions and Exemptions: Add Lines 10 and 11		<input type="text"/> , <input type="text"/> , <input type="text"/>	
13. Multiply Line 12 by Ratio on Line 9 and enter result.....			<input type="text"/> , <input type="text"/> , <input type="text"/>
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 1 of Form 500			<input type="text"/> , <input type="text"/> , <input type="text"/>